

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
JUL 10 2013
Bayfield Co. Zoning Dept

Permit #: 13-0188
Date: 7-15-13
Amount Paid: \$757-10-13
Refund:

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Jeffrey & Mildred Johnson	Mailing Address: 1435 Prairie Rd	City/State/Zip: Andover, MN 55304	Telephone: 612 803-0775
Address of Property: 49675 E. Shore Rd		City/State/Zip: Barnes, WI 54873	Cell Phone:
Contractor: SELF	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-3-44-09-17-105-003-07000	Recorded Document: (i.e. Property Ownership) Volume 995 Page(s) 833
Gov't Lot: 2	Lot(s):	CSM:	Vol & Page:
Section 17, Township 44 N, Range 9 W	Town of: Barnes		Lot Size:
Acreage: 6.52			

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$6,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: (New) Sanitary	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: Sanitary (Exists)	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: Privy (Prt) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon)	Portable (w/service contract)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 32'	Width: 28'	Height: 16'
Proposed Construction:	Length: 14'	Width: 28'	Height: 16'

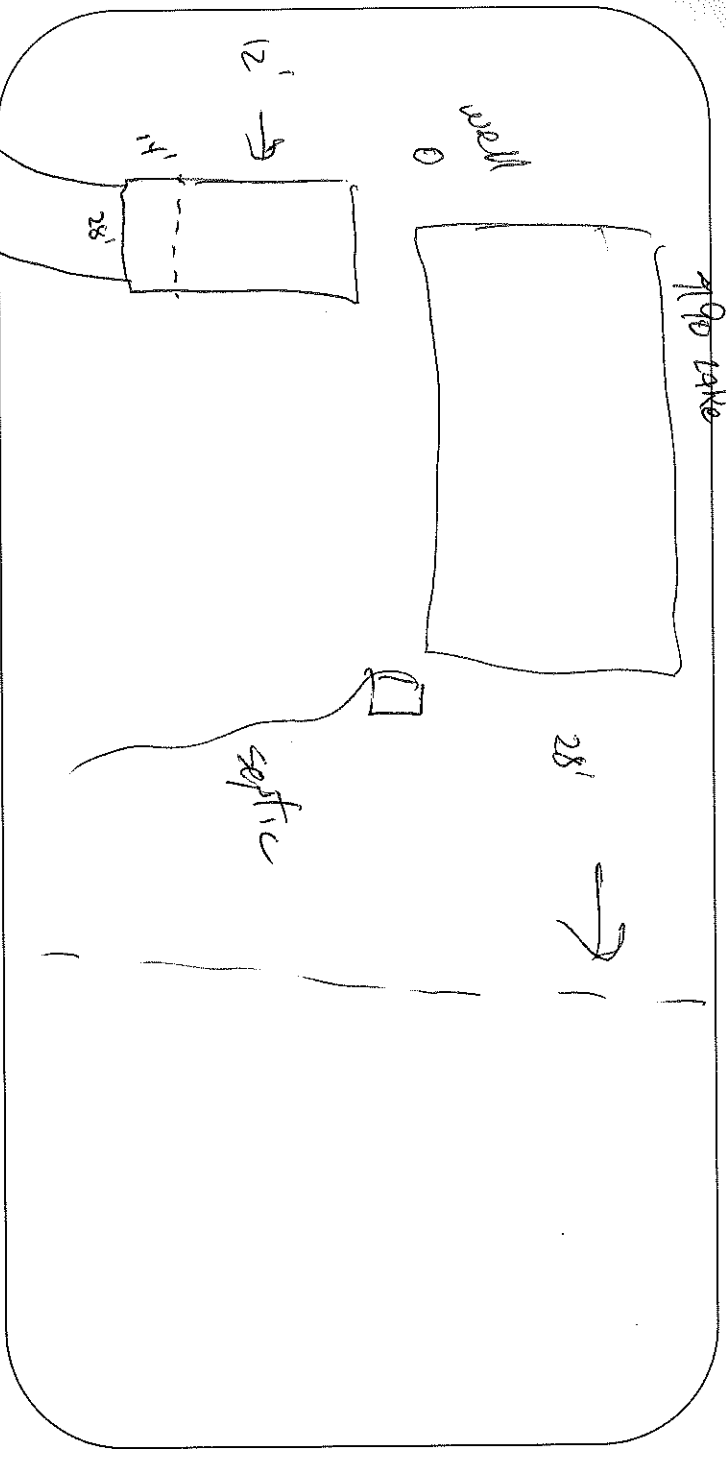
Proposed Use	Principal Structure (first structure on property)	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/>	<input type="checkbox"/>	with Loft	()	()
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with a Porch	()	()
<input type="checkbox"/>	<input type="checkbox"/>	with (2nd) Deck	()	()
<input type="checkbox"/>	<input type="checkbox"/>	with (2nd) Deck with Attached Garage	()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/>	<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
<input type="checkbox"/>	<input type="checkbox"/>	Addition/Alteration (specify)	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building (specify)	()	()
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify) garage addition storage	(14 x 28)	392
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	()	()
JUL 15 2013	<input type="checkbox"/>	Conditional Use: (explain)	()	()
Secretarial Staff	<input type="checkbox"/>	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including an accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: 49675 E. Shore Rd, Barnes, WI 54873
Date: 7-9-13
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	Feet	Setback from Wetland	NA
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	NA
Setback from the East Lot Line	Feet	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	NA		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:				
Permit #: 13-0183	Permit Date: 7-15-13				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record:					
Metall setbacks					
Date of inspection: 7-9-13	Inspected by:				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
May not be used for human habitation.					
No water under pressure in building.					
Signature of Inspector: Michael J. Duda					
Date of Approval: 7-11-13					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

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Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUL 10 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0184
Date: 7-15-13
Amount Paid: \$757.10-13
Refund:

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Dennis J. Decker	Mailing Address: 5549 Golfview Ave N Oakdale, MN 55128	Telephone: 795-2653
Address of Property: 49705 E. Shore Rd.	City/State/Zip: Barnes, WI 54873	Cell Phone: 651 600-4156
Contractor: Jeff Johnson	Contractor Phone: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) 04-0043-44-08-17-105-002-06000	PIN: (23 digits) 04-0043-44-08-17-105-002-06000
Gov't Lot: 2	Lot(s): _____	CSM: _____
Vol & Page: _____	Lot(s) No.: _____	Block(s) No.: _____
Section 17 , Township 44 N, Range 9 W	Town of: Barnes	Lot Size: _____
Acres: .854		
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material: \$20,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: Conv.		<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	Dry Well		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 28'	Height: 16'
Proposed Construction:	Length: 28'	Width: 28'	Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X)	
<input checked="" type="checkbox"/> Residential Use	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	(X)	
<input type="checkbox"/> Mobile Home (manufactured date)		(X)	
<input type="checkbox"/> Addition/Alteration (specify)		(X)	
<input type="checkbox"/> Accessory Building (specify)		(X)	
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify)		(28 X 28)	784
Rec'd for Issuance	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) agree to providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Dennis J. Decker**
(If there are Multiple Owners listed on this deed All Owners must sign or letter(s) of authorization must accompany this application)

Date **7-9-13**

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit **same as above**

Attach

Copy of Tax Statement ☒

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

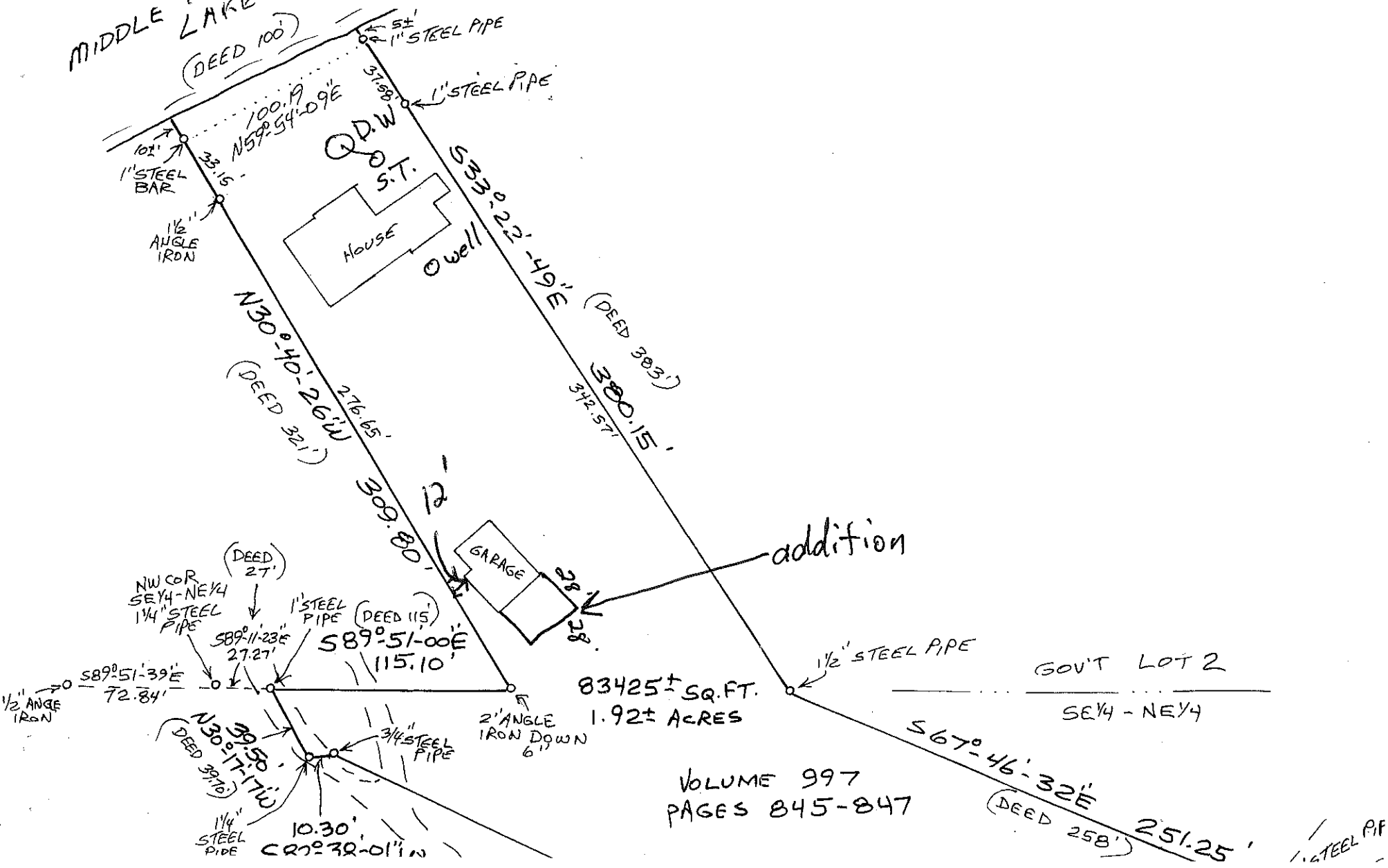
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0183		Permit Date: 7-15-13		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No		<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed
Inspection Record: Marta all setbacks.		Inspected by: M. Fuchta		Zoning District (R-1) Lakes Classification (1)
Date of Inspection: 7-9-13		Inspected by: M. Fuchta		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.) May not be used for human habitation. No water under pressure in structure.				
Signature of Inspector: Michael Fuchta		Date of Approval: 7-11-13		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

MIDDLE FAU CLAIRE
LAKE
(DEED 100)



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
JUN 06, 2013
Bayfield County Department

Permit #: 130186 ENTERED
Date: 7-15-13
Amount Paid: \$1450.50 ← (4015
6-7-13 ECHO BAY
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
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HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>TIMOTHY & KATHRYN BALL</u>	Mailing Address: <u>3336 Pioneer Pk</u>	City/State/Zip: <u>STILWATER MN. 55082</u>	Telephone: <u>651-351-7414</u>
Address of Property: <u>5121D Hwy 27</u>	City/State/Zip: <u>BAEVES WI. 53006 Echo Bay Condominiums</u>	Cell Phone: <u>612-845-4591</u>	
Contractor: <u>CAMERON HOMES INC</u>	Contractor Phone: <u>715-760-0281</u>	Plumber: <u>ED BEAVER PLUMBING</u>	Plumber Phone: <u>715-549-5217</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>MIKE DOCKENDORF</u>	Agent Phone: <u>715-760-0281</u>	Agent Mailing Address (Include City/State/Zip): <u>P.O. Box 231 Washburn WI 54016</u>	Written Authorization Attached with E-mail: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>004-2-44-09-05-4</u>	Recorded Document: (i.e. Property Ownership) Volume <u>963</u> Page(s) <u>165</u>
Section <u>05</u> , Township <u>44</u> N, Range <u>09</u> W	Town of: <u>BAEVES</u>	Subdivision: <u>1000 Echo Bay Condominiums</u>	Lot Size: <u>1.08</u> Acreage

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: <u>210</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: <u>210</u> feet	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>46,552.</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story		<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>Coltman</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Existing Structure: (If permit being applied for is relevant to it)	Length: <u>71'</u>	Width: <u>33'</u>	Height: <u>30'</u>
Proposed Construction:	Length: <u>71'</u>	Width: <u>33'</u>	Height: <u>30'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>X</u>)	
	Residence (i.e. cabin, hunting shack, etc.)	(<u>33 X 40</u>)	<u>1320</u>
	with Loft	(<u>X</u>)	
	with a Porch	(<u>13 X 16</u>)	<u>208</u>
	with (2 nd) Porch	(<u>X</u>)	
	with a Deck <u>PATIO</u>	(<u>17 X 20</u>)	<u>340</u>
	with (2 nd) Deck	(<u>X</u>)	
	with Attached Garage	(<u>24 X 31</u>)	<u>744</u>
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<u>X</u>)	
	Mobile Home (manufactured date)	(<u>X</u>)	
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify)	(<u>X</u>)	
	Accessory Building (specify)	(<u>X</u>)	
	Accessory Building Addition/Alteration (specify)	(<u>X</u>)	
		(<u>X</u>)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(<u>X</u>)	
	Conditional Use: (explain)	(<u>X</u>)	
	Other: (explain)	(<u>X</u>)	
		(<u>X</u>)	

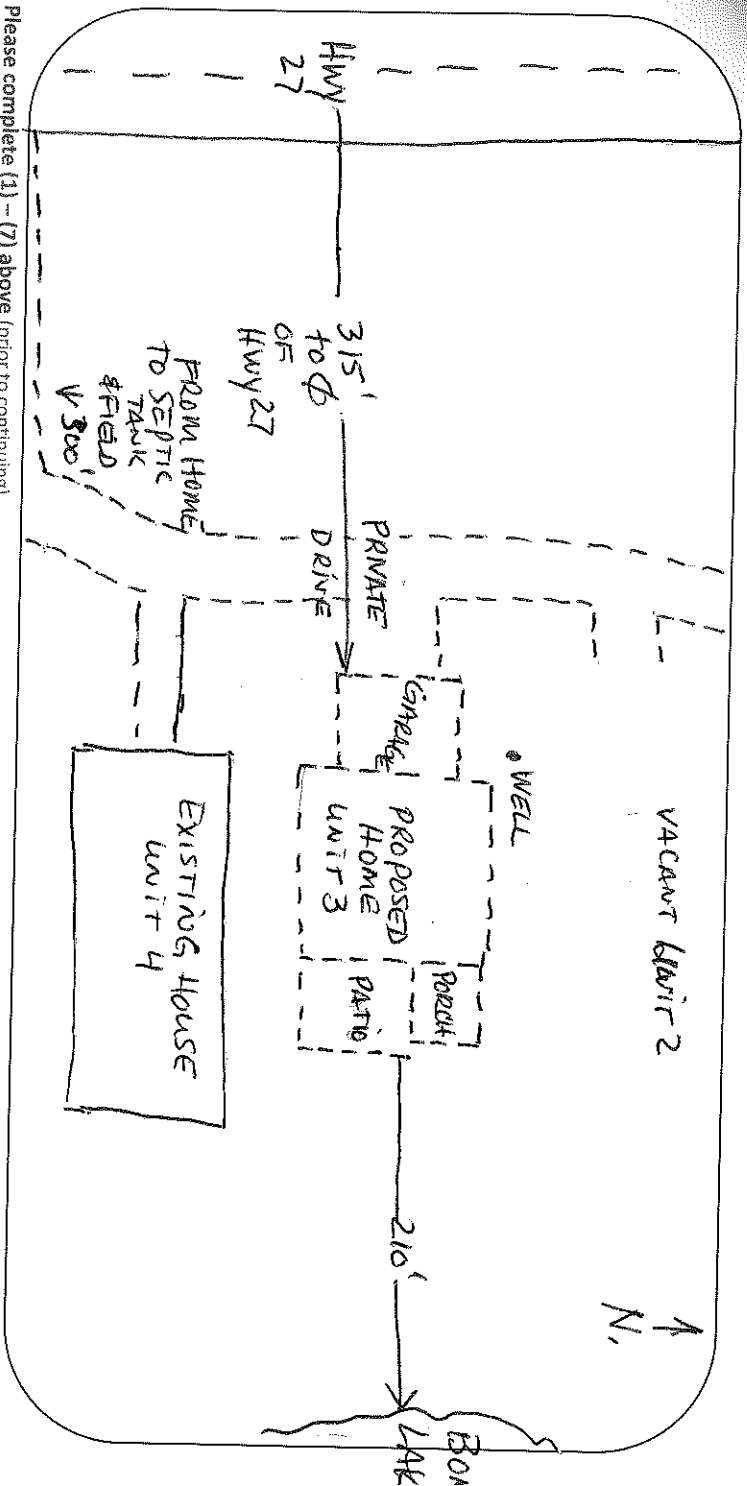
JUN 27 2013
15:45
Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Mike Dockendorf _____ Date: 5-14-13
(If you are signing on behalf of the owner(s) letter of authorization must accompany this application)
Cameron Homes PO Box 231 Washburn WI 54016
Address to send permit _____
Copy of Tax Statement ☒

Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show/Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	315 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	125 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	10 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	10 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	300 FT. AWAY	Setback to Well	5 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 07-1565	# of Bedrooms: 30	Sanitary Date: 9-11-2007
Permit Denied (Date):	Reason for Denial:			
Permit #: 13-0186	Permit Date: 7-15-13			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:				
Date of Inspection: 6-18-13	Inspected by: M. Funtak		Zoning District (R-1)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)			Takes Classification (1)	
Date of Re-Inspection:				
Well stake. Meets all setbacks.				
Must meet all requirements of the recorded affidavit for the 2001 Echo Bay Condos CUP.				
Signature of Inspector: Michael Funtak				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 6-20-13